

## PALS ADDENDUM

NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

I will be able to work from \_\_\_\_\_, 2016 to \_\_\_\_\_, 2016

**Work location Preference.** Please select **one** district/location with a ✓ mark. (The sites within the districts are subject to change based on enrollment and availability.)

_____ Upcountry	_____ West	_____ Hana	_____ PALS office *
_____ Central	_____ County Pools*	_____ Molokai	
_____ South	_____ Kamaole Point*	_____ Lanai	

**Program Specialist Preference.** Please select with a ✓ mark the specialty which you are certified to instruct and implement. Copies of certifications, college degree, and/or related work experience must be included for each specialty.

- ☐ **Pools** – swim instruction and pool safety
- ☐ **Beach** – lifeguarding and water safety
- ☐ **Sports** – General sports knowledge, drills, skills, and competition
- ☐ **Culture/Art** – dance, song, storytelling, arts and crafts, customs & traditions
- ☐ **Inclusion** – working knowledge of accessibility standards and practices

**\*County Pools and Kamaole Point:** Water specialists need to present current AHA (American Heart Association) or ARC (American Red Cross) CPR cert., ARC standard First Aid cert., & valid ARC Lifeguarding cert. at time of interview.

**\*PALS office:** Restricted to (2) openings for PALS Office Coordinators who are selected for the administrative team.

My T-shirt size is: \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2XL \_\_\_\_ 3XL \_\_\_\_ 4XL \_\_\_\_ 5XL

Date: \_\_\_\_\_ Signature \_\_\_\_\_

*Submit top portion with application for employment.*

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*Cut on dotted line & keep bottom portion for your reference.*

**PROGRAM DATES: Maui, Molokai, and Lanai: June 6, 2016 - July 22, 2016**

**TRAINING DATES:** It is **mandatory** to attend all training dates **tentatively** set from May 4, 2016 through June 3, 2016 for the position you are selected to fill.

**\*\*For MASS ORIENTATION, should you be selected for employment, all employees must:**

1. Provide two (2) valid forms of identifications (i.e. Driver's License, State ID, School ID w/photo, Social Security Card, Birth Certificate, Passport)
2. Provide a Tuberculosis Clearance issued within the last 2 years.
3. If you are 18 years of age and have not previously been fingerprinted by PALS and/or have left the State, please bring a money order or cashier's check in the amount of \$14.75 payable to the State Director of Finance.
4. Applicants must pass a pre-employment/post-offer drug screening test as a condition of employment. There is no re-scheduling, no retesting, or re-evaluation process.